

FILED JUL 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

157 021772
STATE FILE NUMBER

Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 249

1. PLACE OF DEATH a. COUNTY <u>LINN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>LINN</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MARCELINE</u>				c. CITY OR TOWN <u>MARCELINE</u>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>E. CHICAGO ST.</u>				d. STREET ADDRESS (If outside, give location) <u>E. CHICAGO ST.</u>			
3. NAME OF DECEASED (Type or print) First <u>Thomas</u> Middle <u>Alfred</u> Last <u>Williams</u>				4. DATE OF DEATH Month <u>July</u> Day <u>5</u> Year <u>1957</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Sept-15-1877</u>	
9. AGE (In years last birthday) <u>79</u>		10. IF UNDER 1 YEAR Months <u>9</u> Days <u>20</u>		11. IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SECTION HAND AT&SF RWY.</u>				11. BIRTHPLACE (City and state or country) <u>ETHEL, Missouri</u>			
13. FATHER'S NAME <u>William Ambrose Williams</u>				14. MOTHER'S MAIDEN NAME <u>LOUISA. RATLIFF</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT Address <u>Courtney L. Melburn</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arterio-sclerotic Cardiovascular disease</u> DUE TO (b) <u>with complete heart block.</u> DUE TO (c) <u>4201</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Arterio-sclerotic; neurogenic shock (acute); myocardial infarction</u>							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>							
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>July 1954</u> to <u>July 1957</u> and last saw him alive on <u>July 5, 1957</u> Death occurred at <u>1:00</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>George J. Janyo</u> (Degree or title)				22b. ADDRESS <u>Marceline, Missouri</u>		22c. DATE SIGNED <u>7-6-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>JULY 7 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>NEW CAMBRIA CEM.</u>		23d. LOCATION (City, town, or county) (State) <u>NEW CAMBRIA MO.</u>	
24. FUNERAL DIRECTOR <u>Miller-Tillotson</u>		ADDRESS <u>MARCELINE</u>		25. DATE RECD. BY LOCAL REG. <u>7-6-57</u>		26. REGISTRAR'S SIGNATURE <u>Brookie Owens</u>	

(Licensed Embolmer's Statement on Reverse Side)

OCT 22 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Libbman K. Tillotson*

Licensed Embalmer No. *45*

P. O. Address *Marceli*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.